FORM D

UNITED STATES

SECURITIES:AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM D NOTICE OF SALE OF SECURITIES

PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL

OMB Number:.....3235-0076

Expires: April 30, 2008

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• 1					
Name of Offering (\(\subseteq\) check if this is an amer					
Offering of limited liability company interests of	of Managed Alter	native Global Inves	tments, LLC		
Filing Under (Check box(es) that apply):	☐ Rule 504	☐ Rule 505	Rule 506	Section 4(6)	ಸ್ಯ⊡ ULOE
Type of Filing: New Filing	Amendment	_	_	_	TEN PRO
	A. BASI	C IDENTIFICAT	ON DATA	. '1	7 / 2 /2
Enter the information requested about the iss	uer			<u> </u>	$\sim U_{(1)}$
Name of Issuer	dment and name	has changed, and inc	dicate change.		,
Managed Alternative Global Investments, LLC					10 ₉₀
Address of Executive Offices		(Number and Stree	t, City, State, Zip Co	ode) Tetephone N	lumber (Including Area Code)
c/o Global Hedge Strategies, LLC, 153 East 53"	St., 3 rd Floor, N	ew York, NY 10022			
Address of Principal Offices		(Number and Street	t, City, State, Zip Co	de) Telephone N	lumber (Including Area Code)
(if different from Executive Offices)		ع ح	くしいドンファ) _/	
Brief Description of Business: Private Investmen	t Company	0	CT O F assa /	<u>, </u>	
		U	CT 2 5 2006 /	<u> </u>	
Type of Business Organization		•	THOMSON		
☐ corporation	☐ limited	partnership, already	2000 SANGO 1VI	dther (please s	specify)
☐ business trust	☐ limited	partnership, to be for	med	Limited Liability C	ompany
		Month	Yea	r	
Actual or Estimated Date of Incorporation or Organ	nization:	0 8	0	6 🛭 🖾 A	ctual Estimated
Jurisdiction of Incorporation or Organization: (Enter		Postal Service Abbre	viation for State:		
The second of th		N for Canada; FN for		iction)	D E
	•			,	

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

> Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

					
	· ·	A. BASIC I	DENTIFICATION DAT	'A	
2. Enter the information	requested for the	following			
 Each promoter of the Each beneficial ow Each executive off 	the issuer, if the is mer having the policer and director of	ssuer has been organized wower to vote or dispose, or d	ithin the past five years; direct the vote or disposition corporate general and mana	of, 10% or more of ging partners of pa	f a class of equity securities of the issuer; artnership issuers; and
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	
Full Name (Last name first,	if individual): Glo	obal Hedge Strategies, LL	С	·	
Business or Residence Add	Iress (Number an	d Street, City, State, Zip Co	ode): 153 East 53 rd St., 3 rd F	Floor, New York, I	NY 10022
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner		☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual): Ke	ssler, Brian		· · · · · · · · · · · · · · · · · · ·	
Business or Residence Add	iress (Number and	d Street, City, State, Zip Co	de): c/o Global Hedge Stra	ategies, LLC, 153	East 53 rd St., 3 rd Floor, New York, NY
Check Box(es) that Apply:	☐ Promoter	☑ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual): Mas	seeh, Fariborz			
Business or Residence Add 10022	ress (Number and	d Street, City, State, Zip Coo	de): c/o Global Hedge Stra	itegies, LLC, 153	East 53 rd St., 3 rd Floor, New York, NY
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual):				
Business or Residence Add	ress (Number and	Street, City, State, Zip Coo	de):		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, i	f individual):				
Business or Residence Addr	ess (Number and	Street, City, State, Zip Coo	de):		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual):				
Business or Residence Addr	ess (Number and	Street, City, State, Zip Cod	le):		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual):				
Business or Residence Addre	ess (Number and	Street, City, State, Zip Cod	(e):		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual):				
Business or Residence Addre	ess (Number and	Street, City, State, Zip Code	e):		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

	B. INFORMATION ABOUT OFFERING												
					<u></u>		-						
1,	Has the issu	er sold, or	does the is	suer inten			edited inve pendix, Co					Yes	⊠ No
2.	What is the minimum investment that will be accepted from any individual?*\$500,000* *Subject to reduction at the sole and absolute discretion of the Manag												
	*Subject to reduction at the sole and absolute discretion of the Manager.												
3.	Does the off	ering perm	it joint own	ership of a	ı single un	it?		••••••	.,	•••••		⊠ Yes	s □ No
	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												
Full I	Vame (Last n	ame first, i	f individua	l)									
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Smith Barney Alternative Investments, 388 Greenwich Street, New York, NY 10013													
Nam	e of Associat	ed Broker	or Dealer	Citigr	oup Glob	al Markets	s Inc.						
	s in Which P (Check "All S												⊠ All States
	_				s)[CO]						□ (HI)	[ID]	M All States
☐ (II	_]	[AI]			[LA]		[MD]			☐ [MN]	☐ [MS]		
□ [N	IT] [NE)	□ [NV]	□ [NH]	[NJ]	☐ [NM]		☐ [NC]			□ [OK]	□ [OR]	☐ [PA]	
□ [F	ii] 🔲 [SC]	☐ [SD]	□ [TN]	□ [TX]	[עד]	□ [VT]	□ [VA]	□ [WA]	[WV]	□ [WI]	□ [WY]	☐ [PR]	
Full I	Name (Last n	ame first, i	f individual)							·		
Busin	ness or Resid	ence Addr	ess (Numb	per and Str	eet, City,	State, Zip	Code)						
Name	e of Associate	ed Broker	or Dealer										
	s in Which P										· · · · · · · · _ · · _ · · _ · · _ · · _ · · _ · · _ · · _ ·		☐ All States
□ (A	·	_			[CO]					☐ [GA]	[HI]	□ [iD]	All States
<u> </u> [II	.] 🔲 [IN]	□ [IA]	□ [KS]	□ [KY]	□ [LA]	☐ [ME]	☐ [MD]	[MA]	[[MI]	[MN]	☐ [MS]	[MO]	
□ [N	IT] 🔲 [NE]	□ {NV}	□ [NH]	[ил]	[MM]	□ [NY]	☐ [NC]	□ [ND]		□ (OK)	□ [OR]	□ [PA]	
□ (P	ij 🔲 (SC)	[SD]	□ [TN]	□ (TX)	[TU]	□ [VT]	□ [VA]	□ [WA]	[WV]	[wi]	[WY]	□ [PR]	
Full N	lame (Last na	eme first, if	individual)					<u> </u>				
Busin	ess or Resid	ence Addr	ess (Numb	er and Str	eet, City, S	State, Zip (Code)						
Name	of Associate	ed Broker o	or Dealer			•			 /		_		
	s in Which Pe												☐ All States
□ (A					•						[HI]	[01]	<u> </u>
] [IN]	□ [IA]	☐ [KS]	□ [KY]	☐ [LA]	☐ [ME]	[MD]	☐ [MA]	[MI]	[MN]	☐ [MS]	[MO]	
□ [M	T] [NE]	□ [NV]	□ [NH]		[NM]	□ [NY]	□ [NC]	□ [ND]	[HO]	□ [OK]		□ [PA]	
□ (R	i] 🔲 (SC)	[SD]	□ [TN]	[אדן	[UT]	[VT]	[VA]	[WA]	□ [WV]	[wi]	□ [WY]	[PR]	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

•	C. OFFERING PRICE, NUMBER OF INVESTORS, EX	XPENSES AND USE OF PR	OCEEDS
-1.	Enter the aggregate offering price of securities included in this offering and the total all sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, box and indicate in the columns below the amounts of the securities offered for exchanged.	mount already	
	Type of Security	Aggregate	Amount Already
		Offering Price	
	Debt		
	Equity	<u>\$</u>	<u> </u>
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants)	<u>\$</u>	\$
	Partnership Interests	<u>\$</u>	<u> </u>
	Other (Specify)Limited Liability Company Interests)	\$ 500,000,0	00 \$ 25,000,000
	Total	\$ 500,000,0	00 \$ 25,000,000
	Answer also in Appendix, Column 3, if filing under ULOE		
2.	Enter the number of accredited and non-accredited investors who have purchased sec offering and the aggregate dollar amounts of their purchases. For offerings under Ruli indicate the number of persons who have purchased securities and the aggregate doll their purchases on the total lines. Enter "0" if answer is "none" or "zero."	e 504.	
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	1	\$ 25,000,000
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)	***************************************	\$
	Answer also in Appendix, Column 4, if filing under ULOE		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months first sale of securities in this offering. Classify securities by type listed in Part C-Quest	s prior to the	
	Type of Offering	Types of Security	Dollar Amount Sold
	Rule 505		<u> </u>
	Regulation A	······	<u> </u>
	Rule 504		\$
	Total		\$
t .	a. Furnish a statement of all expenses in connection with the issuance and distribution securities in this offering. Exclude amounts relating solely to organization expenses of The information may be given as subject to future contingencies. If the amount of an elent known, furnish an estimate and check the box to the left of the estimate.	the issuer.	
	Transfer Agent's Fees		\$
	Printing and Engraving Costs	_	\$
	Legal Fees	_	\$ 26,985
	Accounting Fees	-	\$
			▼

Engineering Fees..... Sales Commissions (specify finders' fees separately)..... Other Expenses (identify)

Total......

3.

26,985

\$

	C. OFFERING PRICE NUMBER	OF INVESTORS, EXP	-N2F2	AND USE UF P	KUUEEL	3
4	Enter the difference between the aggregate offering pric Question 1 and total expenses furnished in response to Part adjusted gross proceeds to the issuer."	C-Question 4.a. This differe	nce is the		<u>:</u>	\$ 499,973,015
5	Indicate below the amount of the adjusted gross proceeds to used for each of the purposes shown. If the amount for any pestimate and check the box to the left of the estimate. The to the adjusted gross proceeds to the issuer set forth in respons	purpose is not known, furnish otal of the payments listed mu	an st equal	Payments to Officers, Directors & Affiliates		Payments to Others
	Salaries and fees			\$	□	\$
	Purchase of real estate			\$	🗆	\$
	Purchase, rental or leasing and installation of machine	ery and equipment		\$	🗆	<u>\$</u>
	Construction or leasing of plant buildings and facilities	5		<u>s</u>	🗆	\$
	Acquisition of other businesses (including the value of offering that may be used in exchange for the assets of pursuant to a merger	or securities of another issue	, 	\$		\$
	Repayment of indebtedness			\$	□	\$
	Working capital			\$	🛛	\$ 499,973,015
	Other (specify):			<u>s</u>	□	<u>s</u>
				\$	🗆	<u>s</u>
	Column Totals			\$	X	\$ 499,973,015
	Total payments Listed (column totals added)	••••••••••••		[3]	\$ 499	973,015
	D.	FEDERAL SIGNATUI	RE ;			
co	is issuer has duly caused this notice to be signed by the under nstitutes an undertaking by the issuer to furnish to the U.S. Set the issuer to any non-accredited investor pursuant to paragrap	curities and Exchange Comm	n. If this nission, up	notice is filed under oon written request o	Rule 505, the fits staff, the	ne following signature ne information furnished
	suer (Print or Type) anaged Alternative Global Investments, LLC	gnature Brein I m	e	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Date Octob	er 13, 2006
	ian Kessler Ch	lle of Signer (Print or Type) nief Financial Officer/Chief	Operating	g Officer of Global	Hedge Stra	tegies, LLC, its

ATTENTION

		E. STATE SIGNATURE					
-1	Is any party described in 17 CFR 230.262 presprovisions of such rule?	sently subject to any of the disqualification					
	See A	Appendix, Column 5, for state response.					
2.	The undersigned issuer hereby undertakes to (17 CFR 239.500) at such times as required by	furnish to any state administrator of any state in which this no y state law.	otice is filed a notice on Form D				
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.						
4.	The undersigned issuer represents that the iss Exemption (ULOE) of the state in which this no of establishing that these conditions have been	suer is familiar with the conditions that must be satisfied to be office is filed and understands that the issuer claiming the avai in satisfied.	entitled to the Uniform limited Offering ilability of this exemption has the burden				
	ssuer has read this notification and knows the contribed person.	ents to be true and has duly caused this notice to be signed o	on its behalf by the undersigned duly				
Issue	r (Print or Type)	Signature	Date				
Mana	ged Alternative Global Investments, LLC	Brin Rund	October 13, 2006				
Name	e of Signer (Print or Type)	Title of Signer (Print or Type)					
Brian	Kessler	Chief Financial Officer/Chief Operating Officer of Global Hedge Strategies, LLC, its Manager					

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

					AP	PENDIX				
1		2		3			4		5	
	ir	nvestors	to sell credited in State Item 1)	Type of security and aggregate offering price offered in state (Part C – Item 1)	-	Type of investor and amount purchased in State (Part C – Item 2)				
Sta	te	Yes	No	Limited Liability Company Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL	-									
AK	(
AZ	2									
AF	1									
CA	١		Х	\$500,000,000	1	\$25,000,000	0	0		Х
CC)									
СТ										
DE	:									
DC	:				<u></u>					
FL										
GA	\ <u> </u>				<u>.</u>					
HI										
ID										
L.										
IN										
IA										
KS										
KY										
LA	_							<u> </u>		
ME										
MC						<u> </u>				
MA										
MI										
MN										
MS										
МС										<u> </u>
MT	_									
NE					.,,					
NV										
NH										
NJ										
NM	1									

	APPENDIX										
1		2	3-			4		5			
	to non-a	to self ccredited s in State - Item 1)	Type of security and aggregate offering price offered in state (Part C – Item 1)		Type of investor and Amount purchased in State (Part C – Item 2)						
State	Yes	No	Limited Liability Company Interests	Number of Accredited Investors	Number of Number of Accredited Non-Accredited						
NY					-						
NC											
ND											
ОН											
ОК											
OR											
PA											
RI						_					
sc											
SD											
TN											
ТХ						_					
UT											
VT					<u>, , , , , , , , , , , , , , , , , , , </u>						
VA											
WA											
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PR		ļ				1					